



**DAL-TILE CORPORATION**

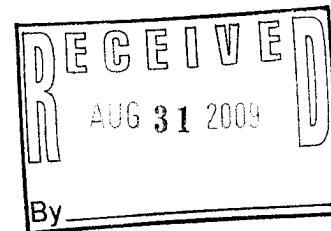
**675 Melanie Lane  
Lewisport, KY 42351  
(270) 295-3411**

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Department of Environmental Protection  
Division of Water  
200 Fair Oaks Lane, Fourth Floor  
Frankfort, KY 40601

August 28, 2009

RE: KPDES Water Permit KY 0023281  
Renewal Application



Dear Sir:

Enclosed is our application to renew our KPDES Water Permit KY 0023281. This package includes Forms 1, SC, and F and a check for \$1000 for the application filing fee.

We have modified our operations so the only water discharge we have is sanitary sewage that goes to a treatment plant and is discharged through Outfall 1, and stormwater related to industrial activity that can be discharged through Outfall 2. Outfall #3 should be removed from the permit.

Our current permit has a TSS limit of 30 mg/l for the stormwater (Outfall 2) that was originally based on "the Permit Writers Best Professional Judgment" and is the same as our sanitary sewer treatment plant limitation. We have been unable to find any stormwater control technology that can guarantee a TSS discharge of less than 30 mg/l when naturally occurring clay in the ground of the drainage area is one of the pollutants. As a result, we are collecting the stormwater in a basin and using it for land application. We would like the option to discharge some stormwater, but cannot meet the current TSS limit.

Therefore, we request the TSS limit for Outfall 2, which includes stormwater only, be increased to 100 mg/l and the testing be reduce to quarterly.

If you need additional information, please feel free to contact either Mr. Wayne Zoglmann, Asst. Plant Manager, at phone 270-295-3411 x211, email at [wayne\\_zoglmann@mohawkind.com](mailto:wayne_zoglmann@mohawkind.com) or myself.

Sincerely yours,

Steve Willis P.E.  
Sr. EHS Engineer  
[Steve\\_willis@mohawkind.com](mailto:Steve_willis@mohawkind.com)  
214 309 4347

# KPDES FORM 1

AZ#1623

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

1000 - CK

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE		0023281	
A. Name of Business, Municipality, Company, Etc. Requesting Permit Dal-Tile					
B. Facility Name and Location			C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.		
Facility Location Name: Lewisport Manufacturing			Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Wayne Zogleman, Assistant Plant Manager		
Facility Location Address (i.e. street, road, etc., not P.O. Box): 675 Melanie Lane			Mailing Address: Same		
Facility Location City, State, Zip Code: Lewisport, Kentucky 42351			Mailing City, State, Zip Code: Same		
D. Owner's name (if not the same as in part A and C): Dal-Tile			Facility Contact Telephone Number: 270 295 3411 211		
Owner's Mailing Address: 7834 CF Hawn Freeway, Dallas Texas 75217			Owner's Telephone Number (if different): 214 309 4347		
<b>II. FACILITY DESCRIPTION</b>					
A. Provide a brief description of activities, products, etc: Processing of clay and shale to form quarry tile that is fired in tunnel and roller kilns, fueled by natural gas.					
B. Standard Industrial Classification (SIC) Code and Description					
Principal SIC Code & Description:		3251 Brick and clay tile manufacturer			
Other SIC Codes:					

<b>III. FACILITY LOCATION</b>	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Hancock	City where facility is located (if applicable): Lewisport
C. Body of water receiving discharge: Unnamed drainage ditch that eventually drains into the Ohio river about 3 miles away	
D. Facility Site Latitude (degrees, minutes, seconds): 37 55' 41.7" N	Facility Site Longitude (degrees, minutes, seconds): 86 54' 20.8" W
E. Method used to obtain latitude & longitude (see instructions): GPS reading	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 00-234-7003	

<b>IV. OWNER/OPERATOR INFORMATION</b>	
A. Type of Ownership: <input checked="" type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Michael Wheatley, Lawrence Dubree	Telephone Number: 270 295 3411
Operator Mailing Address (Street): 675 Melanie Lane	
Operator Mailing Address (City, State, Zip Code): Lewisport, Kentucky 42351	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: Michael Wheatley Class I, Lawrence Dubree Class I	Certification Number: Michael Wheatley 3380 , Lawrence Dubree 3488

<b>V. EXISTING ENVIRONMENTAL PERMITS</b>		
Current NPDES Number: KY0023281	Issue Date of Current Permit: 4/3/2006	Expiration Date of Current Permit: 2/28/2010
Number of Times Permit Reissued: 8	Date of Original Permit Issuance: 1/29/1975	Sludge Disposal Permit Number: NA
Kentucky DOW Operational Permit #: NA	Kentucky DSMRE Permit Number(s): NA	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	S-05-050	
Solid or Special Waste	C/D Landfill 046-00021	
Hazardous Waste - Registration or Permit	KYD006396519	

<b>VI. DISCHARGE MONITORING REPORTS (DMRs)</b>
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KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Charles LaHugh
DMR Official Telephone Number:	270 295 3411

B. DMR Mailing Address:	
<ul style="list-style-type: none"> <li>Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or</li> <li>Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.</li> </ul>	
DMR Mailing Name:	
DMR Mailing Address:	
DMR Mailing City, State, Zip Code:	

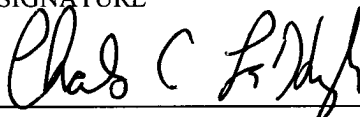
## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: Non-Process Industry	Filing Fee Enclosed: \$1000
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## VIII. CERTIFICATION

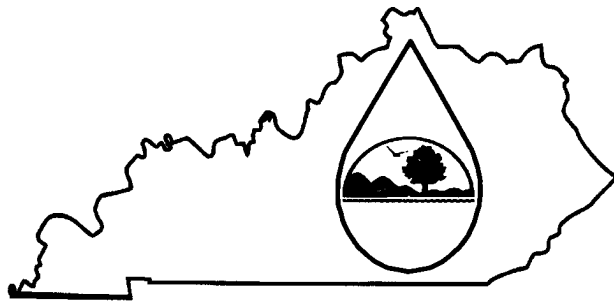
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Charles LaHugh, Plant Manager	TELEPHONE NUMBER (area code and number): 270 295 3411
SIGNATURE 	DATE: 8-27-09

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

# KPDES FORM F

AI #  
1623



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, Contact KPDES Branch, (502) 564-3410.

<b>I. OUTFALL LOCATION</b>	AGENCY USE	0	0	2	3	2	6	1
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For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
002	37	55	38.5	86	54	16.6	unnamed drainage ditch

### II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementaiton schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

### III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage of disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

**IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002	500,000 square feet	1,190,000 square feet			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

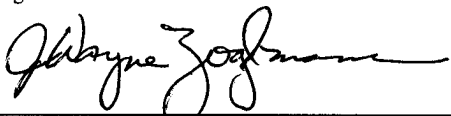
Exposed significant materials include shale, clay and fired ceramic scrap tile. There is scrap fired tile that is recycled and reused stored outside. There is an emergency supply of clay stored outside in piles. Other raw materials are stored under roof, but there is some equipment dragout during loading and unloading. There are no materials disposed of on site. Past outside storage areas have been seeded with grass to limit runoff. Pesticides, herbicides, soil conditioners, and fertilizers are not applied.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
002	Stormwater exposed to industrial activities is diverted to and collected in a holding pond for settlement. The water is used to water approximately 60 acres of vegetation and grasses. The facility has a spill control plan, inspections, housekeeping and training to reduce the potential for releases of pollutants.	1-U, 1-F, 3-F

**V. NON-STORM WATER DISCHARGES**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Wayne Zoglmann, Assistant Plant Manager		8/27/09

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Monthly inspection by third party testing company.

**VI. SIGNIFICANT LEAKS OR SPILLS**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

None

**VII. DISCHARGE INFORMATION**

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☒ Yes (list all such pollutants below) ☐ No (go to Section IX)

Barium, cobalt, manganese, chromium, nickel, and zinc are used. They are contained in raw materials or stains used to make the body of the tile. They will have been fired in the kiln and fused before any exposure to sotrmwater. As a result, we do not believe there will be any of these pollutants in the discharge.

**VIII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

**IX. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
SMR Engineering	PO Drawer 761 Central City Ky	270 754 9928	Oil and grease, TSS

**X. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)

AREA CODE AND PHONE NO.

Mr. ☒ Ms. ☐ Charles LaHugh, Plant Manager

270-295-3411

SIGNATURE

DATE SIGNED

8-27-09

**OUTFALL NO: 002**

**Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.**

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite		
Oil and Grease	< 1.6 mg/l	N/A	<1.6 mg/l		1	
Biological Oxygen Demand BOD <sub>5</sub>						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)	250 mg/l		250 mg/l		1	
Total Kjeldahl Nitrogen						
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

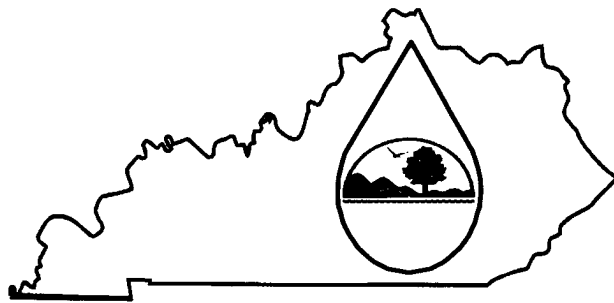
1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
12/1/2007	120	4	< 72	0.004 MGD	

7. Provide a description of the method of flow measurement or estimate.

visual estimate

# KPDES FORM SC

AI # 11023



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Dal-Tile Lewisport Manufacturing Plant											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	2	3	2	8	1
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				7							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): AER-FLO Sewage Treatment Plant 0.007 MGD Is used for sanitary sewage only											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:				0.007 MGD							

### III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	55	41	86	54	21	Ohio river
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				Digital aerial photo			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary sewer	1500 gpd		3A

**V. Check the type(s) of wastewater discharged.**

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☐ Other (list):

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** X Yes No

**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:  
☐ Publicly-owned treatment works (POTW). Name of POTW:  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony		<input type="checkbox"/>	Copper		<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Arsenic		<input type="checkbox"/>	Lead		<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Beryllium		<input type="checkbox"/>	Mercury		<input type="checkbox"/>	Zinc	
<input type="checkbox"/>	Cadmium		<input type="checkbox"/>	Nickel		<input type="checkbox"/>		
<input type="checkbox"/>	Chromium		<input type="checkbox"/>	Selenium		<input type="checkbox"/>		

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

**B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)**

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
Office and plant facilities	100
<b>TOTAL POPULATION SERVED</b>	

**XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS**

Additive	Composition	Concentration (mg/l)

**XII. EFFLUENT CHARACTERISTICS**

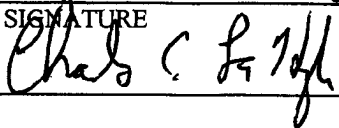
A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	<4	<4	1
TOTAL SUSPENDED SOLIDS	3	3	1
FECAL COLIFORM	4	2	2
TOTAL RESIDUAL CHLORINE	1.87	1.87	1
OIL AND GREASE	<1.4	<1.4	1
CHEMICAL OXYGEN DEMAND	20	20	1
TOTAL ORGANIC CARBON	4.95	4.95	1
AMMONIA	<0.1	<0.1	1
DISCHARGE FLOW	1440 gpd	1440 gpd	1
pH	6	6	1
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)	21.7 C	21.7 C	1

B. Frequency and duration of flow: Daily, 12-hours per day

**XIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Charles LaHugh, Plant Manager	270 295 3411
SIGNATURE 	DATE 8-27-09







